

Name: *Sinclair & Kematch*
File: *5912010*
Date: *May 11/04*
Worker: *Michelle Gale*

SECTION A:

SAFETY ASSESSMENT

CONSIDER VULNERABILITY (AGE, INFIRMITY AND DEVELOPMENTAL DELAY) IN ALL ASSESSMENTS

24 HOURS RESPONSE

HIGH PRIORITY - IMMEDIATE RESPONSE OR WITHIN 24 HOURS - LIFE THREATENING/DANGEROUS

- ☐ Suspicious Death (Safety of remaining siblings.)
- ☐ Severe Or Serious Physical Abuse (Disabling or life threatening injuries, head injuries, internal injuries, multiple injuries, comatose state, 2nd - 3rd degree burns, multiple lacerations, bruises or welts, injuries which disfigure or result in permanent impairment. Any injury including bruising to an infant that is unexplained or caused by commission or neglect. Any report of unspecific physical abuse to be treated as high priority until further details are known.)
- ☐ Severe Or Serious Sexual Abuse (Vaginal, anal, or oral penetration, rape, ritualistic or bizarre sexual activities or sexual acts where both parents are involved, multiple offenders. Any unspecific reports of sexual abuse should be treated as high priority until further details are known.)
- ☐ Life Threatening/Serious Medical Neglect (Failure to consent to blood transfusion where the physician is of the opinion that the child's life will be endangered without this procedure; failure to obtain medical care for a child who appears to be very ill; failure to provide medication, as a result which, the child's life may be endangered; lack of medical care or unnecessary delay of medical treatment for an injury/serious illness; lack of medical care which results in permanent damage, impairment to the child, severe failure to thrive (non-organic).)
- ☐ Severe Or Serious Lack Of Supervision (Young or disabled child without supervision, abandoned or found wandering, inadequate or no caretaker, children who are not protected from serious hazards such as stoves, wood stoves, machinery/tools, open windows in high rise buildings etc.; caregiver intoxicated and/or under the influence of drugs.)
- ☐ Parent Behaving In Bizarre Manner (Out of control behaviour, potential threat to safety of child - includes mental health issues that could put a child at serious risk (psychotic behaviour, delusions, out of touch with reality). Suicidal ideation by caregiver.)
- ☐ Child Attempts Or Threatened Suicide (Child advises agency of planned suicide, if parents are unwilling or unable to seek appropriate help for their child, child attempts suicide.)
- ☐ Child <12 Kills Or Injures Someone (Determine if child is in need of protection as there is no role of criminal justice system.)
- ☐ Homeless (Child without a parent and has no place to live including youth who are evicted from their homes and for whom no alternate living arrangements have been made.)
- ☐ Sudden Death Of A Parent (Traumatized by nature and suddenness of parent's death; witness to parent's death and without supervision or guardianship because of parent's death.)
- ☐ Child Afraid To Return Home (Under the age of 12 or vulnerable child.)
- ☐ Birth Alerts (Any birth situation that is known to be high risk through past history or current presenting information.)
- ☐ Other (Detail)

48 HOURS RESPONSE

MEDIUM PRIORITY - DAMAGING AND POTENTIALLY DAMAGING - RESPONSE REQUIRED WITHIN 48 HOURS

- ☐ Moderate Physical Abuse/Potential Of Physical Harm (Minor bruising on extremities, bruises in places near vital organs, multiple bruising on buttocks, requires medical attention but not a medical emergency; parent knowingly allows child to be cared for by person with history of previous assaults on children; parent threatens physical harm, where a child

has been previously been harmed under similar circumstances and parent without parental capacity with no effective support system.)

☐ **Moderate Sexual Abuse/Potential Or Sexual Abuse** (Isolated instance of fondling or touching, adult exposing self to child, making sexual suggestions to the child, sexual kissing, adult voyeurism, invitation to sexual touching; situations or parental behaviours which could result in child being sexually abused; knowingly allows child to be cared for by person with history of previous sexual interference; engaged in prostitution; child present at or exposed to incidents of sexual abuse; conditions of previous incident of sexual abuse present). Individual on the Abuse Registry has access to children.)

☐ **Moderate Medical Treatment** (Serious lack of medical and/or dental care causing suffering to the child.)

☐ **Moderate Lack Of Supervision** (Child under 12 years or vulnerable child frequently out late at night and their whereabouts are unknown to the parents or they are without appropriate supervision; child who is left on their own for extended periods of time.)

☐ **Emotional Abuse/Potential Of Emotional Harm** (Chronic rejection, isolation, humiliation and emotional deprivation of child – hate the child, deprive child of affection or cognitive stimulation, inappropriate or unrealistic criticism, threats, humiliation, accusations or expectations of or towards the child, terrorizes the child, isolates the child in an unreasonable manner for inappropriate periods or corrupting the child, unwanted child, child is viewed and treated differently; where conditions of previous emotional abuse are present; inadequate parental capacity with no effective support system.)

☒ **Neglect** (Overall care chronically/persistently inadequate; caregivers lack food; physical living conditions pose a risk to children - unsanitary, no heat or water.)

☐ **Family Violence** (Exposed child to family violence or severe conflict, child witness to serious or repeated family violence, potential victim of assault if continues.)

☐ **Runaway, Or Missing Child** (Based on frequency/duration of previous episodes of running away, length of absences and child of special needs, disability of vulnerability.)

☐ **Other (Detail)**

Sustained Abuse

WITHIN 5 DAYS RESPONSE

☐ **Parents Refuse Treatment (Non-Medical) For Child** (Mentally, developmentally or emotionally needy child or denied treatment which could result in harm or developmental impairment for the child.)

☐ **Low Medical Neglect** (Failure to make appointments for routine medical/dental care; no follow up on plan of medical treatment or medication; failure to make appointments for routine medical/dental care (e.g. immunizations); no follow up on plan of medical treatment of medication.)

☐ **Lack Of Supervision** (Historical evidence of children frequently left alone or truant and/or whereabouts generally unknown.)

☐ **Low Sexual Abuse** (Exposure to child pornography.)

☐ **Low Physical Abuse** (A single bruise on an older child, excessive discipline – spanking, hair pulling, scratches – incidents where no medical attention is required, where the child is not afraid to be at home and the minor injury may be completely innocent.)

☐ **Child <12 Causes Significant Property Damage** (Child out of control of parents; vandalized extensively; set fire to property or has stolen or damaged cars.)

☐ **Other (Detail)**

SECTION B:

SAFETY DECISION

Consider the safety of all children in the home. Review and consider any previous history that is available.

☐ **Immediate Response** (Go to Section C)

- ☒ 24 Hours Response (Go to Section C)
☒ 48 Hours Response (Go to Section C)
☐ Within 5 Day Response (Go to Section D)
☐ More Than 5 Days (Go to Section D)

SECTION C: SAFETY PROTECTION PLAN

Describe the safety protection plan as follows:

- What actions have or will be taken to protect each child in the family as they relate to the current safety concerns and;
- Who is responsible for implementing each plan component.

Actions/Services to Protect Child(ren)	Completed by Whom	Date
☐ Child removed to safe place or apprehended		
☐ Alleged perpetrator/offender denied access		
☐ Committed protector with the child		
☐ Supports (Agency or Family) utilized		
☐ Concern investigated and unsubstantiated		
☐ Concern investigated – risk determined to be low		
☐ Concern investigated – risk determined to be low		
☐ Other – explain		

SAFETY PLAN: (Details in Point Form)

SAFETY PLAN MODIFIED: (Details in Point Form)

Safety Plan in Effect Until:

Modified by:

Date:

UNABLE TO COMPLETE SAFETY PLAN: (Details In Point Form)

SECTION D:

RESULTING CASE ACTION TAKEN

UNIT: ☐ AHU ☒ CRU

CASE TO: ☒ INTAKE ☐ ABUSE ☐ CRU ☐ CASE CLOSED

WORKER: *Debbie De Gale*

DATE OF ASSESSMENT: *May 11/04*

SUPERVISOR CONSULTED: ☐ Yes ☒ No

DATE REVIEWED: